



SUMMARY OF EVIDENCE

I IDENTIFICATION

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I.D. #

II ACTION CLAIMANT IS APPEALING

The claimant is appealing the denial of Long Term-Personal Care Services (LT-PCS) due to failure to meet nursing facility level of care, which is a requirement for receiving LT-PCS. **(Exhibit B)**

Medicaid policy references used in the decision are from the:

- *Louisiana Administrative Code 50:II.10154 and 10156 (Exhibit A),*
- *Louisiana Administrative Code 50:XV.12905.B.1. (Exhibit B)*

III EXPLANATION OF ACTION

Each person requesting LT-PCS is assessed using a uniform assessment instrument called the Minimum Data Set-Home Care (MDS-HC). The MDS-HC is a scientifically validated and reliability tested, comprehensive and standardized instrument for evaluating the needs, strengths, and preferences of elderly and individuals with adult onset disabilities. The MDS-HC is designed to verify that the individual meets eligibility

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qualifications as specified in eligibility criteria for participation in LT-PCS.

The purpose of the level of care determination is to assure that individuals meet the medical necessity standard for admission to and continued stay in long term care programs. This requirement is frequently referred to as meeting ***nursing facility level of care***.

The MDS-HC is used to assess the person's level of care eligibility based upon seven distinct level of care eligibility "Pathways". The areas that make up the distinct level of care eligibility Pathways include the following (**Exhibit A**):

- Activities of Daily Living
- Cognitive Function
- Behavior
- Service Dependency
- Physician Involvement
- Treatments and Conditions
- Skilled Rehabilitative Services

An applicant must meet eligibility requirements in only one Pathway to meet Nursing Facility Level of Care eligibility criteria.

The set of criteria in the Activities of Daily Living (ADL) Pathway (PW 1) has been designed to classify those applicants with a significant loss of independent function in Activities of Daily Living.

The Cognitive Performance Pathway (PW 2) seeks to identify applicants with cognitive difficulties, especially difficulties with short-term memory and daily decision-making. The applicant's ability to remember, think coherently, and organize daily self-care activities is explored. The focus is on performance, including a demonstrated ability to remember recent events and

perform key decision-making skills. This pathway also looks at the applicant's ability to be understood by others.

The Physician Involvement, Treatment and Conditions and the Rehabilitation Therapies Pathways (PWs 3, 4 and 5, respectively) identify applicants who have acute or unstable medical or rehabilitative conditions, which meet level of care requirements.

The Behavior Pathway (PW 6) identifies applicants who display repetitive behavioral challenges, and/or delusions or hallucinations that impact the applicant's ability to live independently in the community.

The Service Dependency Pathway (PW 7) detects applicants who were currently enrolled in and receiving services from either the Waiver, State Plan Program, or a Medicaid reimbursed nursing facility with no breaks in service as of 12/01/06, and who demonstrate a continued need for these services.

An in-home assessment was performed on **Mr. /Ms. Recipient's Name** by Office of Aging and Adult Services (OAAS) trained and certified Client Assessment Specialist, **Assessor's Name**, on **Date**. **Mr. /Ms Recipient's Name** participated in the assessment and was involved in responding to questions asked during the MDS-HC assessment process. **List other individuals who were present during this assessment and their relationship to individual, and whether or not they participated in responding to any of the MDS-HC questions asked during the assessment process.**

Upon receipt of the Summary of Evidence (SOE) packet, OAAS designated staff conducted a thorough review of all documents included in the SOE packet. The review included the following:

- 1) A thorough review of **Mr. /Ms Name** MDS-HC assessment and related assessor notes for MDS-HC assessment

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performed on **Date**. **(Exhibit C)**

- 2) The MDS-HC Client/Clinical Assessment Protocols (CAPs) were reviewed for evidence of triggering of the Activities of Daily Living Pathway (PW 1), Cognitive Performance Pathway (PW 2), or the Behavior Pathway (PW 6), which would indicate that the individual met the required level of care eligibility criteria. **(Exhibit D)**

Mr. /Ms Name MDS-HC indicated that **he/she** was **describe level of independence/setup/supervision** in the following activities of daily living: **List ADLs**. The MDS-HC assessment results and related assessor's notes do not indicate a significant loss of independent function in Activities of Daily Living. The review of the Activities of Daily Living Pathway (PW 1) CAP indicated that **Mr. /Ms Name** did not trigger the Activity of Daily Living Pathway. **(Exhibit C & Exhibit D)**

A review of the Cognitive Performance Pathway (PW 2) and the Behavior Pathway (PW 6) CAPs indicated that **Mr. /Ms Name** did not have the required indicators to trigger either Cognition Performance or the Behavior Pathway. **(Exhibit C & Exhibit D)**

- 3) A review of the MDS-HC assessment for presence of indicators pointing to possible level of care eligibility in the Physician Involvement Pathway (PW 3), Treatments and Conditions Pathway (PW 4), or the Skilled Rehabilitation Therapies Pathway (PW 5), indicated that **Mr./Ms Name** did not have indicators pointing to possible level of care eligibility in any one of these pathways. **(Exhibit C)**

- 4) The database was checked to see if this individual had been receiving LT-PCS prior to 12/1/06 with no break in service, which would indicate level of care eligibility was met in the Service Dependency Pathway (PW 7). This

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review concluded that **Mr. /Ms Name** did not meet the level of care criteria for the Service Dependency Pathway. **(Exhibit A)**

Following the level of care review process described above, it was determined that **Recipient's Name** did not meet nursing facility level of care, a requirement for receipt of LT-PCS. **(Exhibit A & B)**

A denial notice was sent to **Mr. /Ms Name** on **Date**. **(Exhibit E)**

A request for appeal was subsequently received.

IV RELATED DOCUMENTS

Exhibit A: *Louisiana Administrative Code 50:II.10154 and 10156* (6 pages)

Exhibit B: *Louisiana Administrative Code 50:XV.12905.B.1* (2 pages)

Exhibit C: Minimum Data Set-Home Care and **(X pages)** assessor's notes dated **Date**.

Exhibit D: Minimum Data Set-Home Care CAPs display (3 pages) which shows Pathway 1, 2 and 6 did not trigger.

Exhibit E: LT-PCS decision letter dated **Date**. **(X pages)**

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